

IDEM WASTE TIRE TRANSPORTER REGISTRATION

This application shall be used to apply for all waste tire transporter operation registrations pursuant to 329 IAC 15-4 and 329 IAC 15-5. Upon completion, please return this application, an **application fee of \$25.00**, and any related materials to the following address:

IDEM Cashier's Office
P.O. Box 7060
Indianapolis, IN 46206-7060

Make checks payable to **IDEM Waste Tire Management Fund**. For more information, contact IDEM's Office of Land Quality, Solid Waste Permits Section, at (317) 232-0066.

- ☐ Please ensure that everything on your application is complete.
Incomplete applications may be denied by IDEM.

A. General Registration Information (please print or type all information below)

Please check one:

☐ New Facility

☐ Existing Facility

Operator Information			
Operator Name:			
Street (Mailing) Address :			
City:	State:	Zip:	
Day Telephone Number () —	Evening Telephone Number () —		
Facility Information		County:	
Facility Name:			
Contact Person:			
Site Location (No P.O. Boxes):			
City:	State:	Zip:	
Day Telephone Number () —	Evening Telephone Number () —		

B. Transporter Information (please print or type all information below)

Truck Owner Information			
Truck Owner's Name:			
Street (Mailing) Address:			
City:	State:	Zip:	
Day Telephone Number () —	Evening Telephone Number () —		
Vehicle Information			
Number of Trucks:	Number of Semi Tractors:	Number of Semi Trailers:	Number of Roll-off Containers:
Manifest Documentation: (check one) <input type="checkbox"/> State Sample Format <input type="checkbox"/> Own Form (submit copy)			

Additional Information - see back of form

Waste Tire Account #2640-435300-101300

Additional Information

Please provide the name, address, phone number, and description of **ALL** facilities where tires will be taken. Use the form below or provide a list with the same information. Include a brief description of the tire transporting operations, explaining the anticipated sources, types, and quantities of waste tires transported.

Note: If you are registered in another state(s) as a waste tire transporter, please provide the name of the state and the registration number. **State(s):** _____, _____, _____
Registration Number(s): _____, _____.

Facility Name (tires transported to):							
Site Location (No P.O. Boxes):							
City:		State:	Zip:				
Day Telephone Number () —		Evening Telephone Number () —					
Check all below which apply							
<input type="checkbox"/>	Re-tread facility	<input type="checkbox"/>	Landfill	<input type="checkbox"/>	Waste tire processor	<input type="checkbox"/>	Used tire dealer
<input type="checkbox"/>	Tire Derived Fuel	<input type="checkbox"/> Other (explain)					

C. Waste Tire Certificate Statement

I hereby acknowledge that I have read 329 IAC 15-4 and 15-5 and will operate my waste tire transporting operation in compliance with these requirements.

Name of Owner (print or type): _____

Owner Signature: _____

I understand that a person may not maintain a waste tire storage site in Indiana unless the person has registered the waste tire storage site under IC 13-20-13 and holds a valid certificate of registration.

Land Owner Name (print or type): _____

Land Owner Signature: _____

NOTICE TO APPLICANTS: EFFECTIVE 7/2/99, TO APPLY FOR A CERTIFICATE OF REGISTRATION AS A WASTE TIRE TRANSPORTER, THE APPLICANT MUST SUBMIT EVIDENCE OF FINANCIAL ASSURANCE IN THE AMOUNT OF AT LEAST \$10,000, AS PROVIDED BY IC 13-20-14-5(b). PLEASE BE SURE TO SUBMIT THIS DOCUMENTATION TO IDEM WITH YOUR APPLICATION FOR REGISTRATION.